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ORIGINAL DEPARTMENT.

LECTURE.

PHIMOSAL PARAPLEGIA.

BY C. E. BEARDSLEY, M. D.

(Reported by J. W. HADLOCK, M. D., as delivered before the Ohio State Medical Society, June 17, 1875.)

GENTLEMEN:—I desire to call your attention to the following cases, which to me have some interest:—

In 1865, Jan. 18th, a boy, fourteen years of age, was brought to me for examination and treatment, by a widowed mother, whose husband had been killed on the battle-field of Stone river.

The lad was tall, with dark eyes and hair, also extremely emaciated; he had no power over the lower extremities, and, seemingly, but little strength in the vertebral column, as he was unable to hold his head erect: he was also a great sufferer from spasms, epileptiform in character. Simply pronouncing the word spasm or fit, in his presence, would throw him into convulsions, or the least shock, as concussion of the hands, would produce the same result. The convulsions could be produced in the same manner, as often as he would arouse from the stupor which followed each attack.

The history of the case, as gathered from the mother, was of but little value. She, like most women of inferior intellect, was extremely modest, too much so to lead us to the real cause. Like the woman of old, she had spent all she had on doctors, without benefit, but the patient rather grew worse.

I undressed the boy, better to observe his movements and to examine him for some lesion, I knew not what. The mother said he was thrown from a horse a year before the occurrence of the spasms; and, naturally enough, she attributed all the present trouble to that fall. The boy, now, after two years of a life of suffering, is semi-idiotic, with complete paralysis of the lower extremities. While he was in the nude state and in one of the convulsions, I observed that there was a partial erection of the penis, with dribbling of urine, which induced me to examine the parts, and if possible, the bladder, for stone, as the most probable cause of the trouble, by a reflected irritability. On attempting to introduce a sound into the bladder, I was foiled by a very small meatus and an inability to retract the prepuce. I further discovered, just behind the corona glandis and beneath the integument, what seemed to be a ring of some hard material. On a second attempt to retract the foreskin, I discovered that it too was adherent to the gland, with slight balanitis. I therefore circumcised the lad, tearing back the mucous membrane from off the gland, turning out at the same time a ring of sebaceous material, the density of an ordinary cheese crust. I used water dressings to the parts, and gave him internally iodide of potassa, and valerian in small doses, three times per day, with liberal diet. He was to have this treatment for the time being only, I expecting to find a stone in the bladder as soon as the patient would recover from the circumcision sufficiently to allow introduction of a sound; but the boy gained in strength from day to day, the spasms and all untoward symptoms suddenly disappeared, and

by the time I again saw him (six weeks) he had regained the use of his limbs as to be able to walk with some assistance, his mind becoming clearer as he gained strength, until complete recovery. I gave him the potash and valerian but one week, and no other medicine at that time or afterwards.

The young man is living now in my neighborhood, a perfect specimen of health and strength.

My second case occurred in 1870. A male, of seven years of age, with complete paralysis of the lower extremities and spasms. This case was of two months' standing prior to my seeing it. The history of the case runs thus:—The child was taken ill, and the same day had convulsions. A physician was called in, who diagnosed intestinal worms, and treated the case accordingly. No worms were expelled, I believe. Up to this time the child ran and leaped around, as other children do who are in perfect health. After the first convulsion the parents noticed that the child was unable to support its body on its limbs, or to move them. The parents informed me that the spasms came on mostly at night, or on attempting to micturate. I therefore examined the genital organs, finding very much the same condition as in my first case. The foreskin was perfectly adherent to the gland; with signs of recent inflammation. I circumcised the boy, turning out from beneath the prepuce, as before, a pent-up deposit of sebaceous matter. Gave a saline purgative, and used water dressings to the parts circumcised, as in the above case. The patient recovered rapidly without further treatment.

CASE 3. A male, ten years of age, came under my observation February, 1875. Both parents are living. The mother is in delicate health, and had been some years prior to the birth of this child. This case is one of three years' standing; the boy is completely paralyzed in both lower extremities, with convulsions; idiotic and loss of vision; he is also extremely emaciated, and so debilitated as to be unable to support his body or head erect; much less is he able to lift the head from his pillow. The epileptiform spasms have averaged him one for every three hours, during the last three years. The boy was perfectly healthy up to seven years of age, when he had an attack of scarlatina simplex, which ran a very mild course, but on the decline of the rash spasms supervened, and from that

time to the present he has been a great sufferer as well as a burden to the family. The history of this case is very much like the other two given above, only of longer duration, and consequently the greater mental and physical derangement observed. I called my friend, Dr. Moore, in to see the case and assist me. We circumcised him, tearing the adherent mucous membrane from off the gland, turning it back, liberating a semi-solid ring of sebaceous matter from behind the corona glandis. Applied the water dressing, as in the above cases. Although extremely reduced in flesh and strength, I put him on bromide of potassa, fifteen grains, three times per day, with liberal diet.

I have heard from him but once since the operation (some four weeks since). The boy at this time sits up without assistance, and can walk without assistance. He has not recovered his vision. The family think he can see some, as the eyes and head will follow a lighted candle about the room. I have not seen the case since the day he was circumcised, which was on the 15th of May last.

My fourth is a child of twelve months of age. For the last six months this child was having convulsions, with internal strabismus of both eyes, and a continual rolling motion of the head. The paralysis is not so well marked in the lower extremities as the above three cases, but sufficiently so to be diagnostic. The power to support the head erect on the trunk is nil. The history of the case ran thus:—The child became slightly ill; the parents supposed it to be an intermittent fever; calling in their family physician, he concurred in their opinion, giving it, at the same time, some medicine. The next day it had convulsions, of an epileptic form, but by care and treatment it seemingly recovered, but leaving it feeble. Some days later it had another attack of convulsions: treatment now failed to make any impression on it as curative, but, to the contrary, it became worse, the mother noticing that the spasms came on every time the child micturated; some convulsions more marked than others. I circumcised it on the 29th of May, 1875, finding perfect adhesion of the foreskin to the gland, the result of an inflammation.

The child is before me this, the 14th of June, 1875. The eyes are still turned inward; has had no spasm since, and is gaining strength rapidly.

COMMUNICATIONS.

CASES ILLUSTRATING THE EMPLOYMENT OF VENESECTION.

BY W. W. MURRAY, M.D.,
Of Baltimore, Md.

It is scarcely asserting too much to say that nine-tenths of the physicians of recent years not only have never performed the operation of phlebotomy, but have never seen it performed, unless, indeed, on the cadaver. In my attendance upon lectures and hospital clinics, in London, Dublin and Belfast, I may have heard the lancet spoken of as applicable in sthenic inflammations, etc., but certainly I never saw it employed until I entered private practice. What is true of myself, is doubtless true of the large majority of young physicians, and as the attention of the profession is now being directed to this remedy, which the illustrious Professor Gross has very justly denominated the "lost art," I send the cases detailed below, not because of any special interest pertaining to them, *per se*, but that the junior members of the profession may learn, from the experience (limited though it be) of one of their number, that blood letting is not such a reckless and unjustifiable proceeding as we so often hear it spoken of by our seniors. Beyond all question, this remedy was greatly abused, and much harm was done by its indiscriminate employment, in consequence of which it came into disrepute. Then it became fashionable to decry it, and to consider its few remaining advocates relics of the past. If every remedy which has been or is capable of being abused should be discarded from our armamentarium, our occupation would be gone indeed. It is as unreasonable and as unscientific to deny venesection a place in therapeutics, because of its having been abused, as it would be to place opium, and calomel, and arsenic, and hydrocyanic acid under the ban, because injury has been done by their improper employment. It is not claimed that the cases in which blood-letting is required are of as frequent occurrence now, as in the time of our fathers; the type of diseases, in general, has undergone a change, and the supporting plan of treatment is, probably, required in a much greater number of cases than in the heroically antiphlogistic plan; nevertheless, instances do occur, and not

so infrequently as we try to believe, in which venesection is as absolutely demanded as at any time in the past; in which, so far as promptness and efficiency are concerned, it can be substituted by no other known remedy. It requires more moral courage than the average physician possesses, especially if he be a young physician, to propose to bleed a patient, so thoroughly imbued with the professional prejudice against it has even the laity become; but if the case really requires the remedy, the result of its application will be so beneficial that the suspicions with which he had begun to be regarded will be dissipated, and he will be the recipient of greater confidence than ever before. It is a measure very powerful, both for good and for harm, but must I allow my patient to die for want of it, because, forsooth, some ignorant pretender killed his with it? It requires to be used with discrimination and care, but the same remark applies to jalap, Dover's powder, and every other drug; everything we do, if done properly, needs to be done discreetly and with due care, and he who lacks the power of discrimination, and who treats every case of the same disease alike, regardless of the conditions present and of the peculiarities of each individual case, might find his proper sphere in breaking stones, but not in the practice of medicine or any other vocation in which the exercise of intelligence is necessary.

CASE 1. In the Autumn of 1871 I was called to see a colored woman, whose physician had given her up to die, and had ceased his visits. He had been treating her for "consumption of the bowels." I found her laboring under an attack of peritonitis, the acute symptoms of which had passed off, so that it may be said to have become sub-acute. It was deemed important that the bowels, which had been confined for more than a week (how much longer I do not know), should be moved, and for this purpose different cathartics, variously combined, were administered, but with no effect; I then asked for and obtained the assistance of my friend, Prof. Harvey L. Byrd, who advised venesection, remarking at the same time that so often had he known blood-letting result, in such cases, in movement of the bowels, he had been in the habit of jocularly calling the lancet a purgative, when lecturing on *materia medica*. The idea was to me entirely new, but we bled the patient, and in a very few moments afterwards she went to stool. Improvement began

at once, and under appropriate treatment the woman rapidly recovered.

CASE 2. Was that of an Irish laborer, suffering with determination of blood to the head. He was one of a gang of men at work opening a street. On a very hot morning in June, 1872, while using his pick, he suddenly fell backward, with the exclamation, "Oh!" On reaching him, a few moments later, I found his mental faculties very much confused, and every symptom indicative of cerebral congestion. Fearing the occurrence of effusion, unless relief was promptly afforded, I bound up his arm, and opened the median basilic vein. Scarcely had four ounces of blood flowed before he was better, and when half a pint had been drawn he became perfectly rational, the intense vertigo had passed away, and he expressed himself as feeling "as well as ever." On the supposition that as a little was good, more would be better, he begged that the blood might be allowed still to flow; the object, however, having been attained, I sealed up the opening, and he immediately lighted the inevitable pipe, and declared himself ready to resume work.

CASE 3. Was a German, æt 50, who had long suffered with valvular disease of the heart, consequent upon an attack of acute rheumatism. When he first came under my care (April 13th, 1874), he had anasarca of the lower extremities, which was rapidly extending, great pulmonary edema, consequent upon regurgitations from the right ventricle, with inability to breathe at all except in the erect, or rather, half-stooping posture; in a word, he was in that condition, familiar to all medical men, which immediately precedes death in a long-standing case of mitral insufficiency. I was compelled to bleed him, to avert immediate dissolution. As a matter of course, venesection could afford him only partial and temporary relief, but it enabled him to live several days longer (he died on 18th of April), a matter of very great moment, especially if the necessary preparations, such as devising property, etc., have been postponed to the latest hour.

CASE 4. Was an old lady, above 70 years of age. She had had some cardiac trouble for a long time. I first saw her on the night of January 15th, current year. I was sent for in great haste, and found her nearly asphyxiated, in consequence of mitral regurgitation, the blood being thus dammed up in the pulmonary capillaries. It was at once apparent

that the lancet offered the only hope, and a very slight one, of relief, but I determined to give her a chance for life; accordingly, I opened a vein, and allowed about eight ounces of blood to flow. This relieved her very much, though respiration was still considerably oppressed. Being apprehensive of the effect which a further loss of blood might occasion in one so aged, and all immediate danger having been averted, I determined to trust the rest to determination to the surface, for the accomplishment of which the back, breast, arms and legs were well nigh covered with sinapisms, and in two hours the respiration was as easy as usual. The old lady is to-day a living illustration of the fact that the lancet, when properly timed, is one of the most, if not the most, prompt, reliable, and indispensable remedies that we possess, the prejudice of nine-tenths of the profession to the contrary, notwithstanding.

During a practice of five years, I have bled in two other cases, besides those above detailed (one of the two being a case of puerperal eclampsia, and the other a case of pleuritis), making six in all, and in no instance had I cause to regret the proceeding; on the contrary, I am fully satisfied that, in five out of the six cases, the lancet did what no other remedy or combination of remedies could have done.

PUERPERAL CONVULSIONS AND RETAINED PLACENTA.

BY J. R. SPACKMAN, M. D.,
Of Georgetown, S. C.

I verified, early in practice, two trite sayings of my preceptor, the late Prof. S. H. Dickson. First, that it is of equally grave prognosis when a sick person complained too much or too little; secondly, that patients frequently die when they ought to have got well, and *vice versa*.

The following case may possibly prove of interest to city experts unfamiliar with the deficiencies and inconveniences of the sick room in a rural pauper district; but I offer it for the encouragement of young country practitioners, who are too frequently dependent upon tact and expediency, under circumstances unfavorable and forbidding. To the reader there will be suggestive points in the case, as to symptoms, treatment, and results, unnecessary for me to dilate upon. I, therefore, simply report from my memoranda.

Mary S., mulatto, aged twenty, married—primipara—was taken sick at full term on Saturday, March 21st, 1874. Labor proving slow and tedious, the neighboring physician was sent for on the afternoon of the second day. He arrived at 5 o'clock, just after a well developed female child had been delivered, but found patient in severe convulsions, with retained placenta. There being no hemorrhage he made no attempt to deliver placenta until convulsions intermitted. Slight traction upon the cord failed, and he did not determine the cause of retention by a careful and critical examination, for just at this juncture the doctor was summoned in great haste, six miles, to his own wife, taken in severe labor just after he had left home, two hours before. He prescribed, therefore, and left instructions to report to him the next morning if the woman was not relieved. The report was that the convulsions had continued at short intervals during the whole night, and that the placenta had not come away; but no hemorrhage. A note from the doctor, explaining his inability to return to the case, in consequence of the illness of his own wife, and inviting me to attend, was left at my residence, fifteen miles distant, at one o'clock P. M., Monday, 23d. I was absent, and did not return home till late in the afternoon of the next day. Supposing that by this time the case had terminated favorably, or that the friends had made other arrangements, I did not go.

Greatly to my surprise, the husband came in person, at twelve M., the following day, to report that he had been unable to get medical attendance; that the placenta was still retained, and that he left his wife speechless, in a cold clammy sweat, apparently hopelessly ill, as she had not spoken since the birth of her infant, and had been sleepless since Sunday morning. I reached the case at 3 P. M., and found the report correct. The limbs were covered with a cold clammy perspiration, which the nurse reported had commenced the evening before; the head warm, but not hot; abdomen much distended and tympanitic throughout; surface in umbilical region quite warm, but not flinching under pressure; eyes wide open, with a marked vacant stare (not winking during an examination of two minutes or more); pupils slightly dilated; conjunctivæ rather dry and engorged, but less so than I had expected; respiration slow and easy; lips dry; takes cold water

freely when offered, but refuses all nourishment; pulse small and very feeble at 92, difficult to count. The mother of the patient reported that she had given her, the day before, a good dose of oil and spirits turpentine, which had acted thrice, and, greatly to her disappointment, had failed to dislodge the afterbirth. The whole house (a log cabin) was shockingly offensive, and the stench at the bedside simply intolerable. The eyes of the patient would move in response to the sound of my voice, but no effort of speech in answer to questions. After thoroughly oiling my hand and forearm, I commenced examination. The external soft parts were so sensitive the hand had to be introduced very slowly and cautiously, which was resisted by strong muscular contractions and closing together of the thighs. Upon fairly entering the whole hand I found the placenta one entire, soft, decomposing mass, firmly embraced under the contracting ring of the os-internalum. The introduction of the fingers enabled me to seize the mass and make traction, which was instantly followed by the forcible expulsion of the hand, with placental membranes, and an audible escape or explosion, as it were, of the most fetid gas I ever have encountered at the bedside. The walls of the abdomen softened, and the patient commenced sighing heavily, with waving of the head. I administered, immediately, a half pint of milk and whisky, both, fortunately, being at my command. This was responded to satisfactorily, and my next desire was to thoroughly wash out the womb and vagina with some disinfectant. No vaginal or rectal syringe being at hand, I improvised a joint of cane and a dried pig's bladder, with which my purpose was accomplished. A pint of tepid water and fresh milk, with twenty drops dilute carbolic acid, was injected as high as it could be thrown into the uterine cavity, and this repeated three times. After which the entire bedding and coverings were removed, the patient placed under dry blankets, and another half pint of milk and whisky ordered. One dozen pills, each containing one grain opium and one grain camphor, were left for the night, directing two to be given at first and one every hour after, until she had a sound, comfortable sleep. The syringing with milk and warm water to be repeated every eight hours, and nourishment freely. I left at five P. M., just seventy-two hours from the time of confinement, the placenta having

been retained nearly seventy-one hours (visions of septicæmia, etc).

On Thursday, 26th, 3 P. M., the husband reported to me, at the residence of another patient in same neighborhood, that he had given the twelve pills, and that she had slept in all about four hours; awoke warm and comfortable, and noticed persons moving about the room, but made no effort to speak. I directed four more pills (camphor and opium), two at dark and two at ten P. M.; other treatment continued.

On Friday, 27th, visited her, at one P. M.; found her comfortable; pulse 82; answering questions in monosyllables; taking nourishment freely; slept well all night, from the four pills, and seems pleased to have the infant on her arm, but when asked if it was hers she answered no. Did not visit her again, but learned that she was up and about on the fourteenth day. She was in convulsions eighteen hours; was speechless over one hundred hours; took sixteen grains opium in twenty-eight hours, and recovered.

VESIGO-VAGINAL FISTULA FOLLOWING THE INSTRUMENTAL DELIVERY OF A HYDROCEPHALIC CHILD.

Read before the Iowa Union Medical Society, June 1st, 1875,

BY E. BURD, M.D.

Mrs. Ed. Moore, a stout, hearty-looking young woman, about twenty-three years old, sent for me, August 31st, 1872, to attend her in her first confinement. I arrived about 4 A. M., and on examination found the head presenting in the first position of the vertex; the os uteri dilated to the size of a half dollar; pains regular, though not strong.

The pains continued through the day about the same as when I first came, but the head made no progress. Towards evening I administered ergot, which had the effect of increasing the strength of the pains, but did not advance the head one particle.

By midnight I had come to the conclusion that the head of the child was too large to pass without instrumental aid, and I accordingly sent for my forceps. They arrived about 1 A. M., September 1st, and I at once proceeded to apply them. I experienced great difficulty in getting the blades into position so they would lock, but after several times withdrawing and reinserting them, I finally succeeded, and commenced trac-

tion with a slow pendulum-like movement, resting between the pains. During a pain, while making traction, the forceps began to slip; I readjusted them, and again they began to slip.

At this juncture I asked for counsel, to assist and share the responsibilities of the case with me, and accordingly, at 4 A. M., Dr. Carson, of Mt. Vernon, was sent for, and he arrived at 10 A. M. During this interval I quieted the pains by opiates.

After carefully examining the case Dr. Carson thought we had better wait a few hours, and let nature have a little longer trial. We accordingly administered ergot, and waited until 6 P. M., and finding no advance, the doctor came to the same conclusion that I had arrived at eighteen hours before, and we decided to deliver instrumentally. He then took the forceps, and experienced the same difficulty in adjusting them that I did, and as soon as traction was made they would slip. After several ineffectual attempts, he handed me the forceps, and I applied them again, closed them firmly over the child's head, made pretty strong traction during her pains, and finally succeeded in delivering her, at about 7.30 P. M., of a dead female child with a very large head, as the following measurements will show. The body was hardly of average size:—

Cervico-bregmatic circumference.	14 inches.
Trachelo-bregmatic	"15 "
Occipito-frontal	"18½ "
Occipito-mental	"19½ "
Fronto-mental	"13½ "

The fronto-mental and occipito-mental diameters being so great, accounts for the slipping of the forceps, the head being too long to fall into their curve.

September 2d. Patient slept well; passed urine; pulse 100.

3d. Bowels moved; no fever; no pain; rested well.

8th. Complains of intense pain in ball of right foot. Ordered oil and pulv. ipecac et. opii.

9th. Pain left foot and went to groin. Opiates again relieved it.

13th. Pains in foot recur frequently, are intense, and are relieved only by opiates. To-day urine commenced flowing involuntarily.

The case then passed into the hands of another physician, and I did not get a chance to examine the fistula which had resulted. In the fall of 1872 she went to Mercy Hospital,

Chicago, for operation, and Dr. Byford wrote me that the fistula was a large one, running across the vagina; an evidence of sloughing from long-continued pressure of the child's head against the part was surrounded by many cicatrices, and he found that a second operation would be required before the cure would be complete.

She did not rally well from the shock of the operation, and her friends brought her home. She fell into acute phthisis, and died, January 6th, 1874, of an attack of hæmoptysis.

MEDICAL SOCIETIES.

COLLEGE OF PHYSICIANS, OF PHILADELPHIA, JUNE 2, 1875.

A paper was read by Dr. J. Ewing Mears, on

Encysted Dropsy of the Peritoneum.

A lady, aged 40, unmarried, with an obscure abdominal tumor, was operated upon, when the following conditions were found:—

I opened the abdominal cavity, making an incision two inches in length in the linea alba, and midway between the umbilicus and the pubes. On introducing the finger I found adhesions between the tumor and the parietes of the abdomen, which were separated with some difficulty. I enlarged the incision to four inches, in order to obtain a more extended view of the tumor. Through this opening I introduced my hand and separated the parietal adhesions, which were general. On making an examination after the separation, I found that the anterior wall of the tumor above was in great part formed by the great omentum, covered by a dense layer of lymph, and firmly adherent to the subjacent intestines; its lower edge was rounded and was fastened to the intestines below, forming a smooth junction with them. Below the border of the omentum the intestines were firmly adherent and formed the remaining portion of the anterior wall.

Seeking for the line of attachment between the intestines, I made an opening with my finger, and gave exit in this way to over two gallons of fibrinous pus. The adhesions between the intestines were freely broken up, and free exit thus given to the contents. Owing to the very firm adhesions between the thickened omentum and the intestines which lay beneath, it was found impossible to separate them. The effort made to accomplish this detached at one point the peritoneal layer of the bowel. The omentum was extremely vascular, and free hemorrhage occurred on section of it. At one point Monsel's solution and the hot iron failed to control the bleeding, which yielded finally to the application of a carbolized silk ligature, the ends of which were cut off close,

when the ligatured portion was returned to the cavity of the abdomen. The parietal peritoneum could not be recognized as such, the entire inner surface of the abdominal wall being covered by a layer of lymph, measuring at least one-third of an inch in thickness.

The intestines were fastened together by dense bands of lymph, and their surfaces were also covered by dense layers. On making a section of the omentum, the normal fat tissue was found surrounded by layers of lymph one-half of an inch in thickness.

The abdominal cavity was cleansed by soft sponges and the wound closed by five iron-wire sutures, an opening being left at the lower part for the purpose of drainage. The dressing was completed by the application of a compress of cotton-wool and bandage, and the patient was placed in bed, and one-third of a grain of morphia given hypodermically. Complete recovery ensued.

The following remarks on the case were made by Dr. Mears:—When the character of the cyst is considered, the difficulties of the diagnosis in this case can be fully appreciated. The history distinctly pointed to the existence of a tumor originating in the right inguinal region, at first quite small and freely movable under the finger. The physical signs showed unmistakably the presence of a tumor containing fluid. The absence of resonance on percussion was caused by the thickened overlying omentum, and the thick purulent fluid in the cyst gave rise to quite well-marked fluctuation. Inferiorly, the walls of the cyst were so thickened by plastic deposits as to prevent the determination of its true nature by vaginal examination. The decline in the health of the patient during the last year might have been accounted for by suppuration in an ovarian cyst. It was no doubt caused by suppuration in the false cyst.

The question as to the proper treatment to be adopted in these cases is one of importance. The question relates rather to the method in which the proper treatment should be carried out, as I cannot conceive of any treatment leading to a successful result other than that which should promptly give exit to the purulent fluid and prevent its accumulation. This may be accomplished by tapping, or by incision, as practiced in this case. In those forms of encysted dropsy in which the fluid lies in front of the intestines, evacuation with the trocar can be obtained without danger. Where the cyst lies behind the intestines, tapping through the abdominal walls would involve the great danger of puncturing the intestines which compose in part the walls of the cyst. The question of the means to be employed in the after-treatment should, it seems to me, guide in the selection of the operation. The opening made by the trocar, large or small, does not give the free exit to the pus which is desirable, nor does it permit the free washing of the cavity so essential in interfering with the suppurative action.

As in empyema we are advised to make a free incision in order to accomplish evacuation of pus, so in these cases does it seem proper to perform the same operation, and to apply directly to the parts such remedies as will change the character of the surfaces involved.

Drainage of the abdominal cavity after ovariectomy has been practiced of late years with most decided success, and various methods have been employed to effect it. It has been accomplished by making an opening into the vagina, through Douglas' cul-de-sac, and through this carrying either a tent or a drainage tube. The tent and drainage tube have also been introduced into the cavity through the lower part of the abdominal wound. It seems to me that it could be effectually done by a properly constructed tube with a syringe attached, as an improvement on the means employed in this case.

Of the great importance of drainage after ovariectomy, in cases in which extensive adhesions have been separated, there can be no question.

After the reading of the paper, Dr. William Pepper said:—

Cases which may strictly be called encysted dropsy of the abdomen, though rare, are occasionally met with, either as a result of localized subacute peritonitis, or from the pseudo-cystic transformation undergone by large intra-peritoneal clots of blood. In such cases the seat of the fluid collection varies much. It may be within the fold of the great omentum, or in any segment of the abdominal cavity, being bounded partly by the surface of the adjacent viscera, and partly by the new formed wall of lymph or fibrin. In several of the cases which I have observed the cause of the attack has been a traumatic one. In one instance, a young lad of fifteen or sixteen years was knocked down by a car. Soon afterwards enlargement of the right side of the abdomen was noticed; and when he first came under observation there was a circumscribed mass occupying the right portion of the abdomen, which was greatly enlarged. There was distinct fluctuation on palpation. No diminution followed active sorbefacient treatment. A small trocar was introduced, and a considerable quantity of clear serum, and toward the close of the flow some grumous, bloody fluid escaped. The fluid partially reaccumulated, and the patient was again tapped, when a smaller amount of clear serum escaped, after which the enlargement did not return to any extent, and the mass remained, when the patient passed from under observation, as a doughy inelastic lump, about the size of a double fist. It would seem that in this case a large clot of blood had been effused, and that after the formation of a pseudo-cystic cavity by coagulation of the fibrin on the exterior, a slow transformation of the central parts of the clot, with serous accumulation, had occurred.

In a second case, a young boy was struck above the umbilicus. When first seen, some

months afterwards, a circumscribed fluctuating mass could be detected, extending from above the umbilicus nearly up to the xiphoid cartilage. There was also circumscribed dullness on percussion. There were no evidences of suppuration. The collection was evidently not in the abdominal walls, but from its position and circumscribed character, seemed as though it might be in the fold of the greater omentum. Exploratory puncture was not permitted; and the patient, after improving under a prolonged course of iodide of potassium and repeated blistering, passed from under observation.

In a third case, a young carpenter was injured in the left side by a falling beam. In less than a month very great distention of the abdomen had appeared (the enlargement having begun on the left side, according to the patient's statement), and resisted internal treatment, so that paracentesis was subsequently performed, and over two gallons of clear serum were drawn off. When he came under my observation there was a considerable return of effusion, distinctly circumscribed in the left half of the abdomen; and there was also a coarse, creaking, peritoneal friction sound and fremitus on deep respiration, over the upper and right limits of the effusion. Continued purgation with elaterium caused quite rapid reduction in the amount of fluid.

In these cases the serous character of the fluid was probable enough. The fact that the effusion was circumscribed by false membranes, or in some of the normal folds of the peritoneum, was clearly demonstrated by the dullness on percussion, which did not vary with alterations in the position of the patient's body; and in two of the cases by the ability to limit the collection by careful palpation. It is seen, also, that while the fluid remains serous in character, it is amenable to the usual treatment for localized serous effusions. In the much more rare cases of circumscribed collections of pus in the peritoneal cavity, such as the extremely interesting one related by Dr. Mears, a different method of treatment is indicated—one looking to the free evacuation of the pus, and the drainage and cleansing of the cavity of the abscess until its walls are approximated.

IOWA UNION MEDICAL SOCIETY.

This Association convened at Lisbon, Iowa, on June 1st, 1875. Dr. G. L. Carhart, President, in the chair.

Upon motion of Dr. Edes, Drs. J. Dolan, M. Cook and W. T. Plumb were appointed a committee to investigate charges against Dr. Owen, of Marion, for violating the code of ethics, by preparing and selling secret medicines and advertising the same in newspapers, etc. Committee reported the charges sustained, and upon the call for the ayes and nays, Dr. Owen was expelled from the society.

Dr. Burd made an interesting report of a case of vesico-vaginal fistula following instrumental

delivery, and also of polypus of the uterus successfully removed. On motion of Dr. Skinner, the society tendered Dr. Burd a vote of thanks for his report.

Dr. Skinner, of Cedar Rapids, reported cases in which ext. of ergot and solution of ergotine had been used hypodermically with gratifying results in post-partum hemorrhage, menorrhagia, etc. Also the successful treatment of a fibroid tumor of the uterus by the same method.

Dr. Boyd gave an account of a case of hematuria treated successfully by means of large and often repeated injections of astringents and cold water.

Dr. H. Ristine read an able essay on "Conservatism in Surgery," giving a large number of statistics, and proving, by an array of figures, that the surgeon of to-day is much less destructive than those of former years, and many limbs are now saved that formerly would have been sacrificed to the knife.

Dr. Carhart gave an account of a case of gangrene which he thought might have been caused by the prolonged use of ergot.

Dr. J. R. Kinney reported cases of bronchocele and nasal polypus successfully treated by the hypodermic injection of iodine.

The secretary read a letter from Dr. A. Reynolds, of the insane hospital at Independence, regretting his inability to be present, and upon motion he was unanimously requested to be present at the next meeting of the society, with an essay on "Medical and Home Treatment of the Insane."

Also a letter from Dr. Keith, of Mathew's C. H., Va., enclosing some recipes from a dispensatory a century and a half old, that if not valuable in a scientific point of view, afforded no little amusement.

The annual election of officers resulted as follows:—

President—Dr. M. Merdith, Vinton.

First Vice President—Dr. J. S. Love, Springfield.

Second Vice President—Dr. Carson, Mt. Vernon.

Secretary—Dr. Skinner, Cedar Rapids.

Treasurer—Dr. Carhart, Mt. Vernon.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Differential Diagnosis of Drunkenness.

Several cases of persons dying with apoplexy have recently been reported, who were supposed to be drunk. Professor George Johnson, of King's College, therefore, contributes the following article to the *London Medical Times and Gazette*:—

Diagnosis.—You are called to a patient in a state of insensibility; you know nothing of his previous history, except that he has been found unconscious in the street, and you are required to ascertain the cause of his alarming condition. You must first consider what are the *possible* causes of the symptoms. He may have a clot of blood in his brain, the result of disease or a blow on the head; he may be in that comatose condition which not unfrequently follows an epileptic fit; he may be poisoned by opium or by an excess of alcohol; or he may be suffering from the effects of uræmia.

Now, you will be less likely to make an erroneous diagnosis if you continually bear in mind that in some of these cases an accurate diagnosis is not only extremely difficult, but absolutely impossible, until the progress of the symptoms has been watched for a certain time. That the case is one of cerebral hemorrhage would be rendered probable by such symptoms as extreme relaxation or convulsive twitchings of the limbs on one side, lateral deviation of the features, or

inequality of the pupils; but with hemorrhage on the *surface* of the brain none of these paralytic symptoms may be present. Marks of external injury, especially about the scalp, should be carefully looked for in every case. A black eye, or a bruised or cut scalp, may have resulted from a drunken man falling down, but the fall may have fractured his skull or ruptured a blood-vessel in the brain.

That the coma is a sequel of an epileptic fit might be suspected if it were found that the tongue is bitten and bleeding, and if there are hemorrhagic spots beneath the conjunctivæ or the skin; though these signs are frequently absent in epileptic cases. Epileptic coma is usually of short duration, and the speedy return of consciousness removes any doubt that may have existed as to the nature of these cases.

In cases of poisoning by opium, one of the most striking and constant symptoms is extreme contraction of the pupils. The skin, too, is usually bathed in a profuse perspiration. With respect to the contraction of the pupils, it has been observed that in cases of apoplexy, with hemorrhage into the pons varolii, the pupils have been as much contracted as in opium-poisoning.

When the patient's breath is tainted by the odor of some alcoholic liquor, we, of course, suspect that he is drunk. It must not, however, be forgotten, that as a drunken man is especially liable to be seized with apoplexy, and to suffer from accidental mechanical injury in the streets

of a crowded city, so we may have to deal with the complication of alcoholic intoxication and cerebral hemorrhage on a fractured skull. It is a common practice to give brandy or some form of alcoholic stimulant to any one who has become faint or giddy, and so it may happen that an unconscious patient's breath is tainted with the odor of drink administered after the onset of an apoplectic seizure.

In cases of uræmic coma the urine is usually albuminous, and presents other physical and chemical signs of renal disease. Uræmic coma, in a large proportion of cases, is preceded by convulsions. The tongue is commonly brown and dry in these cases, and the breath has a most peculiar and characteristic fetor. Yet, even with all this evidence of renal disease, the case may not be one simply of uræmic coma; there may, in addition, be the complication of cerebral hemorrhage, which, as we know, is a frequent result of chronic Bright's disease.

The difficulty of diagnosis between renal disease and drunkenness is sometimes increased by the fact that the urine may be rendered temporarily albuminous by alcoholic intoxication. A remarkable case of transient alcoholic albuminuria occurred when my friend and colleague, Dr. Baxter, was house-physician to the hospital. A man between twenty and thirty years of age was brought in one night by the police. He was unconscious, and breathing stertorously. He appeared to be drunk, and a large quantity of vinous liquid was pumped out of his stomach. The unconsciousness continued, and it was then suspected that he might be suffering from uræmic poisoning. This suspicion was confirmed by the fact that his urine, drawn off by a catheter, was "loaded with albumen." He was then put into bed, cupped over the loins, and a purgative was given. When Dr. Baxter visited the ward the following morning, he found the man up and dressed, and clamoring for his discharge. He said that he had been very drunk over-night, but now he had nothing the matter with him; and he passed some urine, which was found to be in every respect quite normal. The temporary albuminuria was the result of renal congestion, caused by the excretion of an excess of alcohol through the kidneys.

Phimosis as a Cause of Insanity.

The following instructive case is reported by Dr. Sutherland, in the *British Medical Journal*:

A. J. K., aged 26; had been formerly a school-master, but now devoted himself exclusively to the study of music, practicing on the piano or organ eight hours daily. On inquiry, it was found that he was obliged to give up the school, as he found he could not exercise authority or control over the boys. There was a slight loss of memory, and he had some difficulty in remembering his age. He stated that the symptoms first noticed were pains in the back, but was unable to say when they commenced. He had lately suffered from a sensation, in the occipital region, as if the skull were being depressed. He was

a seven months' child, and did not walk until he was three years old. When an infant, he suffered from constant diarrhoea and prolapsus ani. He was always very excitable, but his excessive mental and bodily weakness prevented his following any regular occupation. He is passionately fond of music, and has overtaken his strength by his studies. He had for the last six months been under the delusion that certain people had been following him about and making indecent gestures at him. He could not speak of these facts without bursting into tears and becoming hysterical. He believed that these people had done their best to prevent his getting a living. On inquiry, it was found that he was addicted to masturbation. This habit he attributed entirely to a state of irritation and itching which were constantly present in the penis. On examination, it was found that there was a condition of congenital phimosis, the secretion from the glandulæ Tysonii never having been cleared away. The case was treated temporarily with bromide of potassium and aperients, and partial circumcision was recommended. The operation was successfully performed; and, from a letter subsequently received, it appears that the habit has ceased.

The Operation for the Removal of the Tongue.

Mr. J. Annandale says, in the *British Medical Journal*:—

Let us consider the best method of operating for the removal of a half or the whole tongue. When the disease is confined to the tip, it is best removed by drawing the tongue well out, and applying the *écarateur* or galvano-cautery behind the disease, so as to take it and a good margin of healthy texture away; but, when the half or whole tongue is to be excised, a more complete exposure of the organ is required. Various external incisions have been suggested and practiced in removal of the tongue. Incisions under the jaw, along the lower margin of the jaw, and through the cheeks, have all been practiced; but the best method, undoubtedly, for thoroughly bringing into view the tongue in this operation, is that used by the late Mr. Syme. This plan consists in making an incision through the centre of the lower lip, chin and upper part of the neck, as far as the hyoid bone, dividing the lower jaw through the symphysis, and drawing asunder the two halves of this bone, so as thoroughly to expose the tongue and its various connections to surrounding parts. Thus far I advocate Mr. Syme's proceeding; but, having well observed in his practice, in the practice of others, and in my own, the fatality of the operation when the tongue itself was severed with the knife, I no longer practice or advise the separation of the tongue by this method. Having had several opportunities of examining the causes of death after this operation when performed with the knife, I always found an unhealthy condition of the wound at the root of the tongue, with inflammation and suppurative of the veins connected with it, and also of the large veins of the

neck, and too evident signs of pyæmia or blood poisoning in other tissues and organs of the body. I am aware, also, that the separation of the tongue, or portions of it, by means of the *écraseur* or galvanic-cautery, had proved more successful in the hands of other surgeons.

In consequence of these facts, I have, for the last four years, entirely given up the use of the knife in these operations, except to expose the organ after Mr. Syme's plan; and have performed the separation of the tongue by means of the *écraseur*, in the way you have witnessed in several cases lately. Should the disease be confined to a half of the organ, I split it along the middle line, as practiced by Dr. G. Buchanan, of Glasgow, and then apply the *écraseur* round the base of the diseased half, and so separate it. When the whole organ requires to be removed, I practice the same proceeding, first splitting the tongue as before, and then removing it with the *écraseur*, each half separately. By performing the operation in this way, I believe that the diseased organ can be more accurately taken away, so as to insure the entire removal of the disease; and that there is much less risk of dangerous absorption from the wound, owing to the drawing together of its surface, and consequent closure of the mouths of the divided veins by the action of the *écraseur*. It is generally necessary to cut across one or both anterior pillars of the fauces, so as to apply the chain of the *écraseur* as far back as possible. After the operation the halves of the jaws are securely wired together, a proceeding which allows the patient to use his jaws to a certain extent in masticating, and tends much to his comfort in every way. Should the patient be feeble, or unable to swallow readily, a tube or elastic catheter must be passed two or three times a day, and nourishing fluids, of which one of the best is milk, injected by it into the stomach.

Hip and Knee-joint Diseases.

Some cases of these are given in the London *Medical Times and Gazette*, from the clinic of Mr. Mac Cormac, at St. Thomas' Hospital:—

Mr. Mac Cormac operates but seldom in cases of hip-joint disease in children; many cases doing well under general treatment, combined with rest and extension. In other cases an operation has seemed imperative on account of the drain on the patient's strength, by reason of the profuse discharge, and the irritation produced by the dead or carious bone in the joint cavity. Life may be thus sometimes preserved, but in only a small proportion does the limb prove a very serviceable one.

CASE 1.—As an illustration of conservative or expectant treatment, the following is a good instance: Elizabeth W. was admitted under Mr. Mac Cormac's care, on November 25, 1873, with advanced disease in the left hip and incipient disease in the right. There were three sinuses communicating with the left joint, and an abscess, followed by a sinus communicating with the joint, took place subsequently on the right

side. The child suffered greatly, especially at night—so much so, that an operation seemed urgently demanded, and would probably have been performed on the left hip had not the other been also involved in disease. Splints, with continuous extension, were applied to both sides, and the result of careful and protracted treatment was, that at the end of ten months the child was able to walk about; all the sinuses had healed, and she was dismissed to go to a convalescent hospital. She is now walking about.

CASE 2.—William E., aged five, fell, some time before admission under Mr. Mac Cormac's care, injuring the hip. Admitted with clear evidence of acute suppuration in the joint. Excision was performed. Joint full of pus; the cartilages of encrustation completely removed; and the mutual pressure of the two exposed surfaces of bone had caused great suffering. Exactly a year after he was discharged; wound not quite healed, but patient was able to walk a little.

CASE 3.—Mary Ann P., aged two years and a half, admitted August 7, 1873. Nine months prior to admission, injured left hip by falling out of bed. Six months subsequent to this, a swelling formed in region of hip joint. On admission, large abscess in upper and outer part of left thigh, eversion of limb, flattening of buttock, fullness in groin, pain in knee, child much emaciated. August 8: Vin. ferri, ʒij, ter die. 13th: Two ounces of pus withdrawn by aspirator, and twice subsequently pus withdrawn. October 16: Abscess tapped with trocar, and much thin pus evacuated. 20: Incision, and drainage-tube inserted. November 25: Exploratory incision three inches and a half long; head of femur extensively diseased. Transverse incision made, and head of femur removed. Carbolic oil dressing. 26th: Slept well; temperature 101°; wound looks healthy. The wound continued to look healthy, and the child free from pain. Sleeps well and temperature normal. February 21, 1874: Spiral leather splint; and patient discharged with limb in good position.

Sterility from Antelexion.

The following case is reported in the *British Medical Journal*, by Dr. H. Smith:—

E. S., aged 29, married six years, became an out-patient at the Hospital for Women, February 20th, 1871. The catamenia commenced at the age of 18; they were regular, with some pain generally before the flow. The passage of a thick sound before the period lessened the pain. She was admitted into the hospital on July 3d, 1871. The uterus was normal in size; a thick sound could be passed after some gradual pressure, and the constriction held the sound rather firmly. On July 13th Dr. Protheroe Smith's uterine dilator was used to half an inch. On the 17th the dilator was used to three-fourths of an inch, and the constriction at the internal os divided bilaterally with a straight knife, as well as the external os slightly, and a spring metallic (Greenhalgh's)

stem introduced. On the 19th the stem was extended half its length, with some forcing pains, and was replaced. On the 23d the patient was free from pain. A slight blood-stained discharge continued. On the 26th the stem was removed; and on July 31st the patient was discharged.

In April of the following year (1872) she was seen again. The external os was divided a little more freely, and the spring stem again introduced. It remained in altogether nearly three weeks. The patient continued under observation from that time, the thick sound being occasionally passed until conception took place, after the catamenia of November 13th, 1873, and she was delivered of a living female child on August 31st, 1874.

The above case is given in order to encourage practitioners not to lose sight of a case after operation for dilatation of stricture of the internal os, because pregnancy does not immediately follow, but to persevere, by the occasional passage of the thick sound, to maintain the cervical canal in a state of sufficient patency.

Moreover, it often happens that, for some time after forcible dilatation, there may exist some chronic irritation of the cervical mucous membrane, with or without granular inflammation of the labia uteri, which, giving rise to leucorrhœa of some form or other, may hinder impregnation. And here it may be well to insist on the necessity of not trusting to dilatation alone, whether by tents or by the introduction of graduated sounds, to enlarge the cervical canal. For if dilatation alone be had recourse to, its action is only temporary, for the uterine fibres are thereby merely stretched, as India-rubber might be, and, on the stretching force being intermitted, the cervix returns to its usual condition.

The dilatation must be associated with, and made subsequent to, incision of the canal. After incision of the cervical canal from within, which need not be extensive, dilatation then continues the incision with a slight rupture, and, this being kept from closing, the dilatation remains permanent. Many failures of this treatment are due to the external os being too freely divided, and being thereby rendered too patent; the act of imbibition is greatly interfered with, if not altogether prevented. The object to be gained is slightly to enlarge the cervical canal, and, at the same time, not to destroy the orifice of the uterus.

Antiphlogistic Method of Dressing Wounds.

Mr. J. Hutchinson, F.R.C.S., writes to the *Lancet*:—

I have for some time past been employing a plan of dressing operation wounds which has been attended by unusually satisfactory results. Thus, in three successive cases of excision of the breast, the wound healed by first intention. In one of the best, not quite the whole of the gland was taken away, but as a number of glands were removed from the armpit the wound was of more than ordinary size. In this instance

the woman left the hospital on the tenth day, with a sound linear cicatrix and in perfect health, there never having been any suppurative whatever. I have had many other cases of various kinds, in which the results were nearly as good as this, the union being either literally by first intention or practically such. The plan adopted is so simple, in a certain sense so well known, and, indeed, so old fashioned, that I have felt some reluctance to write about it. Several of my friends, however, who have obtained by it results quite as good as my own, have represented to me strongly that, as it is not in general use, it ought to be forthwith recommended. Hence my present communication.

The essential feature in the plan is to keep the parts cool by the systematic application of a lead and spirit lotion. The lotion consists of half an ounce of liquor plumbi and an ounce and a half of spirit to the pint. An ample fold of lint wet in this is applied to the skin over and around the wound, and emphatic directions are given to the nurse to remoisten it every quarter of an hour or every half hour, according to the rate at which it dries. The skin ought to become whitened by deposit of lead. The application is to be commenced from six to twelve hours after the operation, and from that date all bandages are to be put aside, and the lint kept simply laid on the part. It is to be continued without intermission until the wound is perfectly sound—a week, or two weeks, as the case may be. It is very agreeable to the patient, and gives nobody any trouble except the nurse. It is not desirable to wake the patient out of sleep, but during the night every suitable opportunity should be used for re-wetting the lint. If the plan fails, it will, in all probability, be from negligence in this matter.

The theory of the plan is, that by keeping the parts quite cool and saturating the tissues with lead, inflammation is prevented. It appears to have no risks, except that, if very thin skin flaps have been left, it may be possible to over-cool them and cause gangrene.

Atropia in Phlyctenular Corneitis.

Mr. Haynes Walton says, in his late work on Diseases of the Eye:—

"A strong solution of sulphate of atropia, often applied to the conjunctiva, is the present fashionable application, under the idea that it diminishes intra-ocular pressure—a false supposition—and that it acts as a local anæsthetic to the corneal and the ciliary nerves, and relieves irritation—a statement not confirmed by my observation. I have discovered only the disadvantages of this alkaloid. Many persons are very obnoxious to its poisonous property, and show the effects in headache, burning sensation in the throat, sleepiness, restlessness, and rapid action of the heart. In other persons it produces immediate and intolerable irritation of the conjunctiva, and erysipelas of the eyelids and of the cheeks. In others, again, it is borne well for a time, but afterwards excites ir-

ritation of the conjunctiva and of the skin. The dilated pupil renders the eye still more sensitive to the light.

The Causes of Stuttering.

The annexed remarks are made on this disease by Dr. J. Manley, in the *British Medical Journal*:—

Stuttering (*annonement*) is the embarrassment of speech produced by a slowness in the presentation and emission of letters, syllables and words: this delay being occasioned by a disturbance of memory. It is most frequently accompanied with another symptom, the intimate cause of which is the same, and which consists of the omission of words in writing, and of the misplaced insertion of unintelligible signs and hieroglyphs, and indistinct and irrelevant words in the middle of a sentence. In nearly all cases, the patient has very little or no consciousness of the symptoms; this is readily understood, as the lesions by which they are occasioned occupy the part of the brain which is the seat of intellect. The alterations inducing this disturbance of speech are hyperæmia, infiltration with blastema, with exudation, and recent embryoplastic productions, and softening of the cortical layer of the anterior lobes of the brain. If the stuttering do not exist in the earlier stages in certain cases of paralysis of the insane, it is always to be observed at a later stage, until the patient presents that other sign of the deep alteration of the cortical layer, viz., impossibility of conversing, of expressing thoughts, of pronouncing comprehensible words; finally, muteness. At that moment, the embryoplastic deposits have begun to be transformed into fibrillary tissue, the atrophic consequences of which are known. The circonvolution of the island of Reil, and the three frontal superior convolutions, are the parts the lesions of which, as they are observed in general paralysis, may induce stuttering. As well as the frontal convolutions, the island of Reil is softened on its surface, its substance is infiltrated with a somewhat serous liquid; and microscopical examinations, made when it is recent, show that embryoplastic deposits are blended with the nervous elements, and that endarteritis and embryoplastic bodies exist in the perivascular spaces.

On Nervous Headache.

Dr. W. H. Day writes, to the *Lancet*:—

There is another form of nervous headache happening to some women whose general health has been lowered by frequent child bearing, excessive catamenial discharges, or poverty and anxiety. In these people the sympathetic system is easily excited to disturbance, through original delicacy of constitution in some instances, or if the functions of digestion and assimilation are overtaxed the impression is conveyed to the sensorium by reflected irritation, and agonizing headache is the result. The top of the head is hot, the pupils contracted, and

the pulse weak and usually slow. There is a sensation as though something was scratching or alive within the head. Days before the attack comes on the patient is irritable and fidgety, and cannot settle down to her ordinary pursuits and occupation. Everything puts her out; her reasoning is gone; she is frequently sick, and her stomach loathes the sight of food. Life is such a burden that she can scarcely trust herself to be alone. This form of headache is due to meningeal irritation, and does not affect the cerebral mass itself unless the pain and suffering do not yield to treatment, and then the whole cerebral tissue becomes involved, and irritability is exchanged for indifference and despair.

Bromide of ammonium given early in the morning, before rising, with sal-volatile, or small doses of iodide of potassium with the same aromatic stimulant, will have a good effect, whilst the general health requires attention in the intervals. Scruple doses of bromide of potassium in camphor mixture three times a day will give relief sometimes, when quinine and bark in every conceivable form have failed. When it can be procured, change of air and scene do much for these sufferers, by diverting the mind and introducing fresh interests and occupation.

The Elastic Ligature in Anal Fistule.

The directions given by Mr. Allingham are as follows:—

He uses a solid india-rubber cord, and has devised a neat probe with a hook near its end, which can be projected after it has been passed through a fistula, so as to seize and carry a loop of india-rubber, either through the fistula or sinus or under a tumor. For the method he claims the following advantages:—

1. The operation is commonly painless, and the subsequent suffering, if any, is usually very slight.
2. There is greater rapidity of cure.
3. The patient need not keep his bed, nor even his room, but may go into the air, driving or walking in moderation.
4. Its peculiar applicability to delicate patients, and those who have a phthisical tendency.
5. It is bloodless.
6. There is a minimum amount of suppuration.
7. The ligature is often very advantageous as a supplement to the knife.
8. There is usually no anæsthetic required.

This sounds well, still his conclusion is moderate and sensible:—
“I do not consider the elastic ligature can ever supplant the knife in the treatment of fistulous sinuses. In complicated cases the knife must be depended upon mainly; but I am of opinion that the india-rubber is valuable in many cases as a substitute, and in others as an auxiliary, to the usually employed method of excision.”

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REASONING IN MEDICINE.

IV. Means and Averages.

Nearly all physiological and therapeutical results are obtained by studying one or several series of observations, so as to arrive at a standard of probable value applicable to any one instance. The varying conditions of life and disease prevent actual certainty being attained, so the most we can do is to establish a high degree of probability. This is done by taking the mean of a number of observations.

The mean here employed is known as the "arithmetical mean," and it is defined to be a number such that the sum of the differences of those numbers which are greater than it equals the sum of the differences of those which are less than it. It is usually obtained by adding the different members of the series together and dividing their sum by the number of the members. In medical observations, the mean usually represents the probable value of a variable

quantity determined under mean conditions. For example, suppose the mean of a number of observations on the quantity of the urine passed in health gives 1500 cubic centimetres; this is not the value of a fixed, but of a variable quantity, and exactly this amount would probably not be passed on any one day.

By what rule, now, shall we guide ourselves in comparing two or more discrepant series of observations, as we are constantly obliged to do? What canon can we set up to exclude those series where extraneous agencies have been at work? Suppose we are aiming to ascertain the amount of increase of the urine by the use of a particular drug. Several series of observations give us a certain average. But one series departs widely from this average. When are we justified in throwing it out as probably the effect of extraneous causes foreign to our investigation? Competent mathematicians say this can be done with a high degree of probability when the mean of this series differs from the mean of the remaining series by a quantity which exceeds the *mean fluctuations* of this latter series; and it can be done with great certainty when its mean differs from the mean of the remaining series by a quantity greater than the *maximum fluctuation* of the latter series. Suppose all but one of a number of statistical tables gives the average mortality of infant life at 25 per cent.; the greatest mortality at 35 per cent.; but this one table gives an average of 40 per cent. Here the latter mean exceeds the maximum fluctuation of the former series, and should not be included with them, as it is certain that unusual and peculiar causes were here operative.

Every observation, as we have stated, of the nature here alluded to is tainted by error in some degree, as it always differs from the mean. The extent of this error can, however, be approximately ascertained by a mathematical rule. This rule is: find the difference between this assumed mean and each observation; square these differences; take their arithmetic mean,

and its square root is the mean error. In a series 1, 5, 6, 8, the mean is 4; the differences between this mean and each member are, respectively, 3, 1, 2, 4; their squares are 9, 1, 4, 16; the mean of these squares is 7.5; its square root is 2.2 nearly, the limit of possible error. Of course, the more numerous the observations inside the fluctuations here given, the less the range of error becomes; and, finally, as in the tables of expectation of life, it practically vanishes altogether. This is the substantial value of the numerical method.

Of course, this method does not control the accuracy of the observations; that is assumed. Its value lies in weighing what the observations disclose.

A frequent error in obtaining averages arises from a neglect of the laws of *multiple proportion*. When a plurality of causes co-operate to an effect, a mean must be established for each of these, and the full bearing of each be allowed. For example, Dr. BEARD, in his theories of the relation of mental work to age, states that twenty-five per cent. more of the mental products of the race have been produced by individuals below forty years of age. He, therefore, sets the period of commencing cerebral decay at about forty. But he entirely overlooks the numerical decrease of workers by death after this age. The correct proportion is a double one. Assuming his statement to be true, we have the proportion 125 : 100 representing the work done from 20 to 40, and that done from 40 to 60. But the average number living between 40 and 60 is, to the average number living between 20 and 40, in the proportion 54 : 35, according to census statistics. The multiple proportion, therefore, is $125 : 100 \left\{ \begin{array}{l} 35 : 54 \end{array} \right\} : : 1 : x$, where 1 represents the mental power of the younger workers, and x that of the older. Solved by the familiar rules for multiple proportion, this gives for x the value 1.92, which, so far from substantiating Dr. BEARD's theory, actually overthrows it, showing the mental activity after 40 is greater.

Again, it has been said that the native Ameri-

can population is dying out in the United States; and to prove it, it has been shown that the births in foreign-born families exceed those in native families about in the proportion 7 : 5. But this is far from proving the point, as it has also been shown that the infant mortality is much higher among the children of foreign than of native parents; and as the continuance of population depends on the number surviving until puberty, if this shall prove to be in favor of the native families in the proportion 7 : 5, then the disparity of births will be entirely annulled by the greater viability of the offspring.

Frequently, not merely two, but quite a number of considerations of this character enter into the solution of a sanitary or statistical problem. Every one must be taken cognizance of, its independent bearing on the result estimated, and then this be combined with others, under the mathematical laws of multiple proportion.

NOTES AND COMMENTS.

Cerebral Rheumatism.

Dr. Bouchut, in a communication to the Académie des Sciences, observes that the displacement of acute articular rheumatism, termed cerebral rheumatism, or rheumatic meningitis, is a very grave affection, induced by a considerable venous stasis in the membranes of the brain, and an opaline infiltration of the pia mater, caused by numerous leucocytes. The ophthalmoscope exhibits a serous infiltration of the papilla and neighboring parts of the retina, and a dilatation of the veins of the retina, representing similar alterations in the pia mater and brain. The affection is accompanied by more or less violent delirium, followed by coma and asphyxia, which sometimes comes on very rapidly, so that death may ensue in a few hours. In three cases of this kind a cure was effected by taking from three to six grammes of chloral, either at once, or in two doses soon after each other.

Is Fornication a Proper Therapeutic Measure.

We have been at times profoundly astonished and shocked, to hear physicians recommend fornication as a proper measure to correct self-

abuse. To such we commend the following passage from a late lecture, by Sir James Paget, speaking of the distressing apprehension which male patients sometimes suffer from irregularities of the genital functions: "To all alike you may try to teach a judicious carelessness about these things, a state of mind which would be an inestimable blessing to many besides these sexual hypochondriacs. Many of your patients will ask you about sexual intercourse, and some will expect you to prescribe fornication. I would just as soon prescribe theft, or lying, or anything else that God has forbidden. If men will practice fornication or uncleanness, it must be of their own choice, and on their sole responsibility. We are not to advise that which is morally wrong, even if we have some reason to believe that a patient's health would be better for the wrong-doing. But in the case before us—and I can imagine none in which I should think differently—there is not ground enough for so much as raising a question about wrong-doing. Chastity does no harm to mind or body; its discipline is excellent; marriage can be safely waited for; and, among the many nervous and hypochondriacal patients who have talked to me about fornication, I have never heard one say he was better or happier after it."

Diet in the Arctic.

The scheme of diet set forth for the English Arctic Expedition offers several points of interest. It was projected by Dr. Colan, the Senior Surgeon, and has been much praised.

The staple food during the sledging excursions is one or other form of pemmican. Pemmican consists of fine Scotch beef, with no fat, so carefully kiln dried that no gravy drops from it. It is then mixed with suet, dried again, put between millstones, ground to powder, and made into fifty-six pound cakes, for convenient use. (These cakes were, in former expeditions, made of such a shape that if found by bears they were speedily opened and their contents disposed of, but as an oblong form, devoid of corners, is adopted in the present case, it is presumed that the meat may be left unguarded with impunity.) Each man is allowed one pound of pemmican per day (which is equal to three pounds of Scotch beef and some suet) and half a pound of bacon preserved in suet. Breakfast consists of a certain proportion of the above, with tea or cocoa, heated by means of stearine in a very ingeni-

ously-constructed portable kettle, coated with duffle or "fearnought," and which also heats at the same time the water supplied to the men for their bottles. This is the only warm drink procurable during the day. Rum is carried in the sledge, but, although supplied 40° over proof, it frequently becomes, in severe weather, as thick as treacle, and, as Dr. Colan aptly put it, is then little better than cold poison. The ordinary biscuit is carried in tins covered with india-rubber, and the ration is fifteen ounces. Although the foregoing notes on diet refer almost exclusively to the plan adopted during sledging work, we may here complete the notes on diet by recording that on board ship fresh (preserved) meats will be given alternately with salt meat, preserved vegetables, baked bread alternately with biscuit, desiccated cabbage, onion powder and garlic, a ration of rum, two ounces of Edwards' preserved potatoes, and one ounce of lime-juice, which last is to be given regularly immediately after the last issue of fresh provisions. Arrangements have been made for the manufacture of beer on board when the stores are spent, and some of this will occasionally be given to the men. The value of the "Pemmican" scale of diet is obvious when we record that eight men can take a sledge away furnished with provisions for seven weeks, as well as with tent and cooking utensils; and the specially excellent physique of the men is sufficiently indicated when we say that they are supposed to be equal to pulling two hundred and fifty pounds each from ten to fifteen miles, for several weeks together, this weight being, however, reduced at the end of the journey to about eighty pounds each, in consequence of the consumption of provisions.

Alcohol and Tuberculosis.

A physician of Rouen, Dr. Leudet, in some recently published clinical lectures, positively states, as the result of his experience, that the abuse of alcohol does not influence ("ne provoque pas") the development of pulmonary tuberculosis; that phthisis is rare among drunkards; that miliary tubercle is not more frequent among drunkards than among others, and that they do not succumb to its ravages more rapidly than others. Thus, in so far, confirming the results recorded by Dr. Bowditch, in the Fourth Annual Report of the Massachusetts Board of Health, where he states, that of 210 medical men who were asked—Question

sixth, Is consumption prevented by the drunkenness of an individual? 21·9 per cent. declined to answer, 8·09 per cent. doubted, 53·8 per cent. answered in the negative, 12·86 per cent. answered "Yes," and 3 per cent. stated that drunkenness retarded the progress of consumption. In reference to these replies, Dr. Bowditch says, "In the present state of public opinion in regard to the use of intoxicating drink, it requires some moral courage to say anything in favor of alcohol. To declare that it sometimes seems to save the drunkard from the consumption to which he is hereditarily predisposed, requires not only moral courage, but a sincere conviction of the truth of the assertion."

Russian Method of Preparing Koumiss.

The following, according to the *American Journal of Pharmacy*, is the Russian plan of making koumiss:—

The ferment is made by mixing two teacupfuls of wheat-flour dough, two spoonfuls of millet-flour, one spoonful of honey, one of good beer yeast and sufficient milk to form a not too thin paste, which is put in a moderately-warm place to ferment. This ferment is now put in a linen bag, and hung in a jar or keg containing sixteen pounds fresh mare's milk; cover and let stand till the milk has acquired a pleasant acidulous taste (about 16–24 hours, according to the temperature). The butter and cheese particles, which float about, are now skimmed, the liquid is poured into another keg and shaken for one hour, after which time it is filled into bottles, corked and put in the cellar. A "cure" requires twelve to fifteen pounds of milk daily (two mares), and the best season is from May to July. The koumiss is taken early in the morning, every half or one hour (a teacup to a tumblerful at a time) and plenty of exercise.

New Method of Cataract Extraction.

Not long since, at a scientific meeting in Paris, Dr. de Wecker presented a paper on a New Method of Operating for Cataract, which consists of extraction through an opening effected in the cornea, at its junction with the sclerotic, to which he has given the name of "extraction à lambeau périphérique." After having enumerated the drawbacks of the old classical method of Daviel, M. de Wecker, in order to obviate the frequent insuccesses resulting from Daviel's operation, proposes the fol-

lowing method in its place. 1. After having fixed the eye with a forceps, near the middle of the internal edge of the cornea, the upper third of this membrane is detached by an incision at its junction with the sclerotic. 2. The lens is removed without enlarging the pupil. 3. Hernia of the iris is prevented by instilling into the eye a solution of the neutral sulphate of esserine (five centigrammes to ten grammes). These instillations cause a considerable degree of myosis, which lasts more than twenty-four hours, which is considered sufficient for the healing of the wound; the surgeon may then have recourse to mydriatics, if necessary, without detriment to the iris.

Extirpation of the Larynx.

Another instance of this has been performed by Professor Bottini, of Novara (*Gaz. Med. di Torino*, No. 10, 1875). The patient is a healthy young man, who, on account of dyspnoea, had already had laryngotomy and galvanic cauterization of the larynx performed. The operation lasted ninety minutes, and left the patient much exhausted. He was, however, revived by injection of beef-tea and wine. It was found that the larynx was quite obstructed by a grayish-red tumor. In spite of an attack of erysipelas and a series of abscesses, the man gradually improved, regained the power of deglutition, and was able to cough, breathe, and sleep well. The wound has healed up, and the case, save future accidents, may be looked upon as successful.

On Germs and Ferments.

In a discussion at the Paris Academy, M. Dumas, the eminent chemist, took part. It is known that there exists a difference between ferments endowed with life and those consisting of an unorganized nitrogenous substance. It is to the latter that M. Dumas applied the characteristic term of "ferments non-reproductibles." However, it is not always easy, with reference to certain transformations, to determine, even with the aid of the microscope, whether these have been the result of the intervention of organized beings or not. In a chemico-physiological point of view, it would be interesting to distinguish these two orders of phenomena confounded under the term "fermentations." According to M. Wurtz, who addressed the Academy on the subject, it would be easy to establish the distinction by means of chloroform.

For instance, M. Wurtz has shown that milk, wine, cane-sugar, flesh, gelatine, placed in contact with a certain quantity of chloroform, are perfectly preserved for an indefinite period, without undergoing fermentation, or giving rise to the production of any living being, whether animal or vegetable. On chemical fermentations, on the contrary, chloroform seems to have no effect, whether in preventing or retarding these processes, such as take place in the germination of barley, mustard-meal, etc. In this discovery, through the means of chloroform, it would be possible to ascertain whether one had to do with fermentation of a chemical or physiological order. If this be true, it may be foreseen that certain points in the study of virulent affections which are still involved in obscurity may be some day elucidated.

The Eucalyptus Globulus.

We are not without hope that the Eucalyptus will redeem its reputation. Dr. Cosson recently announced that its effect in Algeria has been very marked. Since the growth of plantations of this tree around the lake of Fezzara, the malaria, which formerly was intense, has almost disappeared.

The village of Ain Mokra, according to Captain Ney, furnishes an equally striking instance. The station was formerly so unhealthy that it was necessary to change the French garrison every five days, on account of the number of men attacked. Fever has, however, become much more rare since plantations of eucalyptus globulus have been made on the shores of the lake and the sides of the railway, which include, altogether, 60,000 trees. A writer in the Paris *Temps* mentions a still more singular effect, namely, that parasites (phylloxera, etc.) disappear from vines growing near the eucalyptus. The experiment, made during several years and in several vineyards, has been uniform in its result.

It is interesting, in connection with these facts, to observe that the leaves of this plant contain an ethereal oil, of which even half-dried leaves contain 6 per cent., and that this oil, according to Gimbert, is a very powerful antiseptic. It will preserve blood and pus as long as carbolic acid (five months and more), and far longer than oil of turpentine. It prevents also the appearance of fungi or vibrios. These observations have received independent confirmation from Binz, in Germany.

CORRESPONDENCE.

Pseudo-Cyesis Mistaken for Pregnancy.

ED. MED. AND SURG. REPORTER:—

The following case being of a novel character, and as such cases are rarely seen in the lifetime of a practitioner, it may be of some interest to the many readers of your journal.

I was called to see Mrs. W., February 15th, supposed to be in labor with her first child. This lady was very desirous of becoming a mother, having been married for six years. She had engaged her doctor in the early months of pregnancy, and made all necessary arrangements for her confinement, in the way of baby clothes, etc. Her family physician being sick, I was sent for. Arriving at the house, I found my patient, to all appearances, in the last stage of labor; the pains were strong, bearing down, and lasted for some minutes. I supposed, from the character of the pains, that the child would be born in a few minutes. I proceeded to make my examination, waiting for the next pain. I found the os and cervix uteri small and movable, with a slight retroversion; on examination of the abdomen, found pointing of the umbilicus, and distended to the size of a nine months' pregnancy; on percussion, tympanitic. So I had clearly a case of spurious pregnancy, with all the pains of a true pregnancy; the mammae swelled; the areolæ were darkened in color, and extended, with a milky or milk-like exudation from the nipple. Mrs. W. says that she felt distinctly the motions of the child in utero. That she had morning sickness for four months; in fact, she had all the sickness of a natural pregnancy. To satisfy the husband and the patient's mother, I placed the patient under the influence of ether; the tense abdominal muscles became perfectly relaxed, and on pressing the abdomen, I found that the walls would give way before my hand, and sink backward, till I could feel the spinal column distinctly. Grasping the uterus in my hand, I found it to be of normal size. After convincing the husband and Mrs. W.'s mother that my patient was not pregnant, I left the house and returned to see her on the following day, and found the long-looked for child had disappeared in a puff, and the abdomen had assumed its natural size.

Remarks.—This is the first case of the kind that I have treated, in a practice of several years. My experience is that the disease is a rare one in this country. Simpson, in his work on "Diseases of Women," says that it is of frequent occurrence, both in the married and unmarried. Montgomery says, in his work "On the Signs and Symptoms of Pregnancy," that it occurs most frequently at the climacteric period, when the catamenial discharges cease to appear, and when the female constitution seems to become more liable to be affected by morbid influences. Simpson says the disease occurs, at least, as often during the first years after marriage

as at any later period. He also believes that the cause depends on some affection of the diaphragm, which is thrown into a state of contraction, and pushes the bowels downward into the abdominal cavity.

Yours truly,

RUFUS K. HINTON, M. D.
1406 South Eighth St., Philadelphia.

Effects of Iodide of Potassium.

ED. MED. AND SURG. REPORTER:—

In No. 960 of your journal, in "Queries and Replies," it is stated that there is no evidence that potass. iodid. will salivate non-mercurialized constitutions. For the benefit of Dr. M. S., of Mo., as well as for any one interested, permit me to state that quite recently a negro came under my charge, having symptoms, as I took it, of secondary syphilis, and though he disclaimed all knowledge of having had this disease, and positively denied having had any venereal trouble at any time, I concluded to put him upon the above treatment. I did not see the patient for some days thereafter, but accidentally met, in the meantime, Prof. R——, to whom I mentioned my case, more likely, perhaps, because he had been my preceptor. As soon as he heard me state the name of the patient and my plan of treatment, he condemned me severely; for, he said, it was uncalled for, as the man had for a long time received medical attention from him; he knew all about the case and the history of the patient; had known his parents, etc., and would vouch that he had never had any venereal trouble; said that the man was reliable in all his statements, that I could depend on what he said. Upon several occasions after this conversation, I questioned the patient as to his having used mercury in any of its forms. Said he had never been sick before he came under Prof. R.'s charge; had never used any medicine.

Now, sir, with this statement, confirmed by Prof. R., I am satisfied that the ptyalism which resulted was produced by the xv-grain doses of the iodide of potass., ter die, for two days, and not by rendering active the latent mercury in the body.

I remain, very respectfully,

Lancaster, O.

E. H. JACKSON, M. D.

[Possibly the patient had taken calomel when young.—EDITOR.]

ED. MED. AND SURG. REPORTER:—

In your Journal of the 24th July, to the question, "Will the prolonged use of Potassium Iodide loosen the Teeth?" You reply, "that it may, by rendering active the effects of mercury latent in the system," but not otherwise. In answer, I will add, that it will salivate occasionally, render the gums spongy, and loosen the teeth. I have a vigorous lady patient, who, at the age of thirty-two, had never taken any mercurial medicine, who was badly salivated with two-grain doses of iodide potassium, taken only for a short

time, for an enlarged cervical gland: and last year, at the age of thirty-eight, was salivated, gums made spongy, and all of her teeth so loose that she feared their loss, by taking one grain dose of prot. iod. ferri, in dragées, for about a week. A single dose taken one day, lately, caused her gums to feel so unpleasant, and the taste so disagreeable, that she could not be persuaded to use the medicine longer.

EDW. VANDERPOOL.

NEWS AND MISCELLANY.

U. S. Marine Hospital Orders.

Surgeon Orsamus Smith, transferred from Louisville, Ky., to Mobile, Ala., August 4th. Surgeon Smith is directed to open the Marine Hospital at that port as a Government Hospital Class I.

Assistant Surgeon Henry E. Muhlenberg, Jr., relieved from temporary duty at Chelsea, Mass., and assigned to Philadelphia, Pa.

Assistant Surgeon Samuel Q. Robinson (passed the Board of Medical Examiners July 20-25), appointed Assistant Surgeon July 29th, and assigned to duty at Chelsea, Mass., July 31.

Assistant Surgeon Edmund J. Doering (passed the Board of Medical Examiners July 20-25), appointed Assistant Surgeon July 29th, and assigned to duty at San Francisco, Cal., July 31.

Hospital Interne, W. R. Chipman, appointed and assigned to duty at Chelsea, Mass., July 30.

The Cholera.

We read, under date, LONDON, August 7th.—The Secretary of the Universal Alliance, in a letter to the *Times*, says: "According to accounts from Damascus to the 22d of July, the cholera was raging there. Four hundred cases were reported daily, but the real number was concealed. The Christian quarter of the place is deserted. Sudden deaths occur in the streets of the city. There are no physicians, medicines or supplies for the treatment of sufferers."

"The disease is also bad at Antioch, Deer Hems, Haenah Hauran and Salihijah, and among the Druses. The mission schools are closed, and the children have dispersed."

Yellow Fever.

Some one having reported that there was yellow fever in Jacksonville, Florida, the Council of that city passed a resolution, August 8th, setting forth the opinion of the County Medical Society "that there has not been, nor is there now, any case of yellow fever, or any disease resembling it," in their midst. A similar denial of the presence of the pest was made for Savannah, Georgia, by the Mayor and medical authorities of that city. There have been few new cases at Fort Barrancas, and but two or three at New Orleans.

Sausage Poisoning.

Some curious cases of poisoning from eating sausages occurred in this city last week. One child and a dog died, and a number of children were sickened. At the inquest the following testimony was presented:—

Dr. F. F. Maury, the Coroner's physician, testified that he made a post-mortem examination on the body of the deceased, at his late residence. He found the pupils of the eyes dilated, and there was great pallor of the face; the abdomen was distended by gas; the intestines were pale and the brain was congested. The stomach and intestines were taken to Dr. Henry Leffman, of Jefferson College, who reported that he had made a chemical examination of them, as well as of the sausage, which was also sent to him, and also the remains of a dog, poisoned by eating some of the sausage. The examination of the sausage and of the contents of the boy's stomach, and also the vomited matter, failed to show the presence of any metallic poisons. A close examination of the child's stomach, however, showed the presence of a large amount of deep green mouldy meat, which proved that the sausage partaken of by the child was greatly spoiled and decomposed. The stomach of the dog was found filled with well chewed food, and was not inflamed, and the viscera were normal.

The opinion was given that the violent symptoms that have been produced by the article eaten are not due to the introduction of any of the common poisons, but to the peculiar decomposition which they have undergone. Articles of food of a complex nature are liable to undergo chemical changes of an obscure nature, by which they acquire specific and virulent poisonous properties. The various authorities on toxicology give numerous instances where ordinary food, such as fish, cheese, rice, pastry, etc., acquires irritant or acrid properties, but give no methods of chemical examination, save the negative method of establishing the absence of the ordinary poisons.

Dr. Maury then read an article from Wharton and Stille, showing that since 1800 no less than 400 deaths have taken place in Wurtemberg, from eating blood puddings and sausages. It was Dr. Maury's opinion that death was the result of eating foul or decomposed sausage containing a poisonous substance.

Dr. Henry Leffman testified that within a short time eleven persons have been poisoned at a boarding house, in this city, by eating cream puff, where there was no distinct poison, but which was accounted for by the condition of the eggs, which were not fresh.

James A. McCaulley, M. D., testified that on Thursday afternoon last he was called in to see the deceased and other children who were sick; they had all partaken of the sausage; they were breathing freely, pupils were dilated, finger nails were perfectly blue, their tongues were normal, except being dry; there was no evidence of mineral poison.

Anti-Vaccination Efforts.

When the good people of Montreal do not like an ordinance, they do not make speeches, but go into the Council halls, or assemble outside, yell and shout at the members, and occasionally, by way of variety, send a volley of paving stones through the windows.

These demonstrations were the result of the passage of an ordinance compelling all persons who had not already undergone the operation to be vaccinated. The upshot of the matter was that the action upon the obnoxious ordinance was postponed for six months; the final vote being considerably hastened by a fresh volley of boulders.

Personal.

—Dr. A. Hurd, of Findlay, Ohio, has been appointed by the Northwestern Ohio Medical Association, to collect facts on Milk Sickness. He will send a circular containing queries to any physician having facts to communicate. We ask such to aid his efforts by addressing him.

QUERIES AND REPLIES.

MR. EDITOR:—A married lady, of wealth and refinement, age 52, with no hereditary or acquired disease, has had a severe pain in the end of her spine for over a year, increased by sitting, slightly relieved in walking; is awake during the night by the severity of the pain. On examination of the spine I find no redness, and that I can make firm pressure, both upward and inward, without causing pain. I have used Belladonna Plasters and steaming, with but slight temporary relief. F. L. B.

Dr. J. E. L., of Indiana.—The difference between chloral hydrate and croton chloral is, that the latter is formed by the action of chlorine on allyl; the former by chlorine on alcohol.

Dr. F. R., of W. Tenn.—1. In stricture the surgical maxim is, "dilate when you can; when you can't, tear." 2. Entire abstinence from the use of tobacco is not essential, only moderation in its consumption. Ten to fifteen cigars a day is anything but moderation.

Dr. O. A. D., of N. Y.—We believe the instruments made by the manufacturer you mention to be as good as any to be had in the market at the same price.

BIRTHS.

COBLIN.—Born, to the wife of Dr. W. T. Coblin, Turner's Station, Kentucky, August 3d, 1875, a boy, Reuben Mussy.

DEATHS.

OSWALD.—On the 1st of August, 1875, near Holly Springs, Mississippi, of heart disease, Doctor John Oswald, in the 67th year of his age.

Dr. Oswald was a graduate of the Baltimore School of Medicine; a native of Maryland. He successfully practiced his profession for more than thirty years, in Alabama and Mississippi.